



City of Santa Barbara
MASTER APPLICATION

Case Numbers

MST 20

BLD 20

PBW 20

Other

LDT Fee Initials:

Project Address:

A.P.N./Street Segment ID: Land Use Zone:

Existing Condition/Current Use

☐ New☐ Addition☐ Remodel☐ Repair☐ Demo☐ Change of Use☐ Grading☐ Other

☐ Residential: # of Bldgs.# of Stories# of Units☐ Commercial: # of Bldgs.# of StoriesConst. Type

BLD/MST/SGN Project Description:

Proposed Use/Occupancy: Construction Valuation \$:

☐ Constr.☐ D&C☐ Encroachment☐ Haul Route☐ O.D.L.A.☐ Parking Waiver☐ Water Course☐ Wells☐ Other

PBW Project Description:

Valuation \$:

Name	Street Address	City, State, Zip
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IMPORTANT: Please check box next to name of person listed above whom we should contact regarding this application.

☐ Owner of Property:
E-mail Address: Phone:

☐ Applicant:
E-mail Address: Phone:

☐ Architect/Designer:
E-mail Address: Phone:

☐ Engineer:
E-mail Address: Phone:

☐ Contractor:
E-mail Address: Phone:

☐ Tenant/Other (specify):
E-mail Address: Phone:

Proposed Size

New Commercial Building: sq. ft.

New Residential Building: sq. ft.

Addition: sq. ft.

Remodel/Tenant Improvement: sq. ft.

Carport/Patio Cover: sq. ft.

New Deck: sq. ft.

New Fencing: ft.

New Paving: sq. ft.

Grading: cu. yd.

Other (specify):

Existing Size

Lot: x = sq. ft.

Main Building: sq. ft.

Other (specify): sq. ft.

I, the undersigned, understand approval of this project does not waive any requirements, laws, or ordinances of the City of Santa Barbara. All statements contained herein, including all documents and plans submitted in connection with this application, are true and accurate to the best of my knowledge.

Signature: Date: (Applicant)

PLANNING STAFF USE ONLY

☐ ARCHITECTURAL BOARD OF REVIEW (ABR)

☐ COASTAL REVIEW: EXCLUSION, EXEMPTION OR REC. TO CCC

☐ ENVIRONMENTAL REVIEW

☐ HISTORIC LANDMARKS COMMISSION REVIEW (HLC)

☐ GENERAL PLAN SQUARE FOOTAGE ALLOCATION (GPU)

☐ PLANNING COMMISSION REVIEW (PC)

☐ PRE-APP. REVIEW TEAM (PRT)

☐ PROPERTY PROFILE (FOR COMMERCIAL PROPERTIES)

☐ SIGN COMMITTEE REVIEW

☐ SINGLE FAMILY DESIGN BOARD (SFDB)

☐ STAFF HEARING OFFICER (SHO)

☐ ZONING LETTER (TYPICALLY FOR FINANCIAL INSTITUTIONS)

☐ OTHER

I hereby authorize the above named contact person to act as my agent in all matters pertaining to this application.

Signature: Date: (Property Owner)